. M18000004195

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	····-
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
Office Use Only	



04/30/18--01030--005 ++125.00

UNISION OF CORPORATIONS

M. MILLIGAN MAY - 2 2018

TO: Registration Section Division of Corporations

Oneida Engineering Solutions, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather Cotev Name of Person **Oneida Engineering Solutions** Firm/Company 1033 N. Mavfair Road, Suite 200 Address Milwaukee, W1 53226 City/State and Zip Code heotey@oesegroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 607-6728 Heather Cotey 414 at (Davtime Telephone Number Name of Contact Person Area Code MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations **Registration Section Registration Section** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ S155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 0050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Oneida Engineering Solutions, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include	e "Limited Liability Company," "	"L L C," or "LLC")
2 Wisconsin		3, 37-1869051		
(Jurisdiction under the law of w	high foreign finisted liability company is organized)	(FEI number, if applicable)		
4.				<u>نت</u>
	(Date first transacted business in Horida, if prior to a (See sections 605/0904 & 605/0905, F.S. to determi	egistration } re penalty liability}		18 1955
5. 1033 N. Mayfair Road	, Suite 200	6. 1033 N. Mayfair Road, Suite 200 🛛 🙀 🚉		H OF
(Street Address of Principal Office)			(Mailing Address)	1
Milwaukee. W1 53226		Milwaukee, WI	53226	Q
				APR 30 PH 3: 11
Name and <u>street addres</u>	is of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		10
Name:	Daryll Long			23 2
Office Address:	2128 Juno Circle			
	Pensacola	Florida	32526	
	(City)		(Zip code)	
designated in this applica to comply with the provis	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	registered agent and ag	ree to act in this capa	city. I further agree
	(Registered agent's	agnature)		
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to manag	ge is/are:	
<u>Title or Capacity:</u>	Name and Address:	<u>Title or Capacity:</u>	<u>Name an</u>	<u>d Address:</u>
Member	Oneida ESC Group, LLC			
	1033 N Maytair Rd. Ste Milwaukee WI SJaa	200 4		· · · · · · · · · · · · · · · · · · ·
		-		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

partment or sum. Klather Latey Suggere of an authorized person

Heather Cotev. Corporate Secretary

Typed or printed name of signee

United States of America State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I. Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ONEIDA ENGINEERING SOLUTIONS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 07, 2017.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 19, 2018.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/ Enter this code: 218523-4D8218EA